Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN6702	A. BUILDING _____ B. WING _____	12/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OVERTON COUNTY NURSING HOME	318 BILBREY STREET LIVINGSTON, TN 38570

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies An annual Licensure survey and complaint investigation #28610 and #27122 were completed on November 30, - December 2, 2010, at Overton County Nursing Home. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 002	form and the charge nurse will enter it. Medical Records will additionally check code status and enter it into physician orders if not already done by nursing staff. The QA nurse will check on compliance of this on a monthly basis during chart audits any further corrections will be done if needed at that time.	12/8/2010

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 12-16-10